

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	489001
<015> Study Area Name	MID-RIVERS TEL. COOP.
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Erin Lutts
<035> Contact Telephone Number: Number of the person identified in data line <030>	406-687-3336
<039> Contact Email Address: Email of the person identified in data line <030>	Erin.Lutts@midrivers.coop

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
(check box when complete)				
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<input type="text" value="6"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<310> Detail on Attempts (voice)	489001mt310 (attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input type="checkbox"/>	
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<410> Fixed	<input type="text" value="0.0"/>			
<420> Mobile				
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>	
<440> Fixed				
<450> Mobile				
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<510> <input type="text" value="489001mt510"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<610> <input type="text" value="489001mt610"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<1010> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting  
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Erin.Lutts@midrivers.coop
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

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 Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How (USF) was used to improve service quality  
 <116> How (USF) was used to improve service coverage  
 <117> How (USF) was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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-- See attached worksheet --

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1/1/2013	
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-- See attached worksheet	
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-- See attached	
worksheet --	

**(800) Operating Companies  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<039>	Contact Email Address - Email Address of person identified in data line <030>	Erin.Lutts@midrivers.coop
<810>	Reporting Carrier	Mid-Rivers Telephone Cooperative, Inc.
<811>	Holding Company	NA
<812>	Operating Company	NA

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**

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<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

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<039>	Contact Email Address - Email Address of person identified in data line <030>	Erin.Lutts@midrivers.coop

<1120> Please check this box to confirm no terrestrial backhaul  
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers  
broadband service of at least 1 Mbps downstream and 256 kbps  
upstream within the supported area pursuant to § 54.313(G) ☐



**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

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<1210> Terms & Conditions of Voice Telephony Lifeline Plans 489001mt1210

Name of attached document (.pdf)

<1220> Link to Public Website HTTP

“Please check these boxes below to confirm that the attached PDF,  
 on line 1210, or the website listed, on line 1220,  
 contains the required information pursuant to §  
 54.422(a)(2) annual reporting for ETCs receiving low-income  
 support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

**(2000) Price Cap Carrier Additional Documentation**

FCC Form 481

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**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐  
☐
**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

☐  
☐  
☐  
☐
**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

☐
**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

☐  
☐  
☐  
☐

Name of Attached Document Listing Required Information



**Certification - Reporting Carrier  
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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	MID-RIVERS TEL. COOP.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/09/2013
Printed name of Authorized Officer:	Alan Sevier
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	406-485-3301
Study Area Code of Reporting Carrier:	489001 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier  
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Erin.Lutts@midrivers.coop

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

**(310) Unfulfilled Service Requests (Voice) – Details on Attempts to Provide Voice Service**

Study Area Code: **489001**

Study Area Name: **Mid-Rivers Tel. Coop.**

Program Year: **2014**

Contact Name : **Erin Lutts**

Contact Telephone Number: **406-687-3336**

Contact Email Address: **Erin.Lutts@midrivers.coop**

Mid-Rivers notified 11 customers in this study area requesting service during calendar year 2012 that facilities were currently unavailable at their location. Initially these customers were all offered resold CenturyLink services. Prior to the end of 2012, Mid-Rivers was able to complete construction of Fiber to the Premise (FTTP) facilities to five (5) of these customers. The remaining six customers are under review for possible future FTTP construction, depending on funding availability. Mid-Rivers operates as a Competitive Local Exchange Carrier (CLEC) in this study area.

**CERTIFICATION OF MID-RIVERS TELEPHONE COOPERATIVE, INC.****Reporting Period January 1 – December 31, 2012****Sec. 54.313(a)(5) & 54.422 Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients and § 54.422 for Lifeline Recipients, Mid-Rivers Telephone Cooperative, Inc. (Mid-Rivers), hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Mid-Rivers follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Attached is a copy of the annual notice sent to customers on matters related to customer privacy. Mid-Rivers has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flag Rules.

I verify that the foregoing is true and correct. Executed on October 8, 2013.

A handwritten signature in blue ink, appearing to read "Bill Wade", is written over a horizontal line.

Bill Wade, General Manager, Mid-Rivers Telephone Cooperative, Inc.



# CPNI

## ***An Important Message About the Privacy of Your Customer Proprietary Network Information (CPNI)***

Protecting customer privacy is of utmost importance to Mid-Rivers Telephone Cooperative, Inc. (Mid-Rivers), its divisions, and its employees. Under federal law you have the right and we have the duty to protect the privacy of your confidential customer information. Your confidential customer information is referred to as "customer proprietary network information" or "CPNI." Please take a moment to read this important message about the privacy of your CPNI.

What is CPNI? CPNI includes the types of telecommunications services and features you purchase, how you use these services and the related billing information. CPNI does not include your telephone number, your name or your address. Note: if your telephone number is non-published, it will be kept confidential. You have the right to restrict use of, disclosure of, and access to your CPNI.

Mid-Rivers offers various communications-related services, including local telephone, long distance, Internet, cable television and wireless services. In order to better serve your communication needs, from time to time, we would like to share your CPNI across the product lines within Mid-Rivers for our own marketing purposes. Our use of CPNI will enhance our ability to offer products and services tailored to your specific needs.

***continued on back***

# CPNI

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***continued on back***

# CPNI

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***continued on back***

Mid-Rivers will not sell or otherwise disclose your customer information to third parties, except where required by law.

To allow Mid-Rivers to use your CPNI in this way, no further action is required. If you would prefer that Mid-Rivers not use your CPNI to offer you additional products and services, you may write, email or call our business office at the address/number provided below, at any time. If we do not receive notification from you 33 days after mailing this notice, you are granting us permission to use your information to offer you products and services that you may find beneficial.

Your decision to permit or restrict the use of CPNI will remain in effect until you decide to change it - which you can do at any time without charge. Restricting your information will not affect the provision of any products or services you currently receive from Mid-Rivers. Please note that even if you choose to restrict Mid-Rivers' use of your CPNI, you may receive marketing information that has been developed without using your confidential information.

Thanks for your business.

Mid-Rivers Telephone Cooperative, Inc.  
Attention: Customer Service - CPNI  
P.O. Box 280  
Circle, MT 59215  
1-800-452-2288  
mrtc@midrivers.com  
www.midrivers.com



Mid-Rivers will not sell or otherwise disclose your customer information to third parties, except where required by law.

To allow Mid-Rivers to use your CPNI in this way, no further action is required. If you would prefer that Mid-Rivers not use your CPNI to offer you additional products and services, you may write, email or call our business office at the address/number provided below, at any time. If we do not receive notification from you 33 days after mailing this notice, you are granting us permission to use your information to offer you products and services that you may find beneficial.

Your decision to permit or restrict the use of CPNI will remain in effect until you decide to change it - which you can do at any time without charge. Restricting your information will not affect the provision of any products or services you currently receive from Mid-Rivers. Please note that even if you choose to restrict Mid-Rivers' use of your CPNI, you may receive marketing information that has been developed without using your confidential information.

Thanks for your business.

Mid-Rivers Telephone Cooperative, Inc.  
Attention: Customer Service - CPNI  
P.O. Box 280  
Circle, MT 59215  
1-800-452-2288  
mrtc@midrivers.com  
www.midrivers.com



Mid-Rivers will not sell or otherwise disclose your customer information to third parties, except where required by law.

To allow Mid-Rivers to use your CPNI in this way, no further action is required. If you would prefer that Mid-Rivers not use your CPNI to offer you additional products and services, you may write, email or call our business office at the address/number provided below, at any time. If we do not receive notification from you 33 days after mailing this notice, you are granting us permission to use your information to offer you products and services that you may find beneficial.

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Thanks for your business.

Mid-Rivers Telephone Cooperative, Inc.  
Attention: Customer Service - CPNI  
P.O. Box 280  
Circle, MT 59215  
1-800-452-2288  
mrtc@midrivers.com  
www.midrivers.com



**CERTIFICATION OF MID-RIVERS TELEPHONE COOPERATIVE, INC.****Reporting Period January 1 – December 31, 2012****Sec. 54.313(a)(6) and 54.422 Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients and § 54.422 for Lifeline Recipients, Mid-Rivers Telephone Cooperative, Inc. (Mid-Rivers) hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Mid-Rivers is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Mid-Rivers has backup battery or equivalent power reserve in its central offices, which enables the provision of service for a reasonable period of time if commercial/external power is lost. Mid-Rivers' network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Mid-Rivers has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on October 8, 2013.



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Bill Wade, General Manager, Mid-Rivers Telephone Cooperative, Inc.

<b>(800) Operating Companies</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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**Lifeline Terms & Conditions*****Mid-Rivers Telephone Cooperative, Inc.*****Lifeline Program Plan**

The Mid-Rivers Lifeline plan provides voice-grade access to the public switched telephone network, local usage, touch tone, single-party service, access to emergency services, access to operator services, access to interexchange service, access to directory assistance, primary published directory listing, and toll limitation (toll blocking) at the eligible consumer's principal place of residence.

**Number of Minutes Provided**

The Mid-Rivers Lifeline plan provides unlimited local calling.

**Additional Charges**

Long distance (toll) calling is not included in the Lifeline plan but is available starting at \$0.20 per minute (\$0.10 per minute on weekends and holidays) or \$24.99 per month for 200 minutes. Lifeline subscribers may also choose from any other available long distance service providers.

**Rates**

The monthly rate for this service varies depending on the customer's location. The rate is based on the standard monthly residential local service charge in the customer's exchange less the \$9.25 per month discount for eligible Lifeline subscribers.

Additional discounts are available to qualifying individuals residing on Tribal Lands under the Enhanced Lifeline program. Enhanced Lifeline support currently offers additional Lifeline support of up to \$25.00 per month. The lowest generally available residential rate is \$0.00 for Enhanced Lifeline service to qualifying low-income consumers.